

physical end had been forced through the skin, making a wound on the inner side of the leg, just above the ankle, about two inches in length by one and a half in width. The periosteum was stripped off the diaphysis for about an inch, and was so lacerated that it was impossible to get it to cover the bone. Where uncovered the bone was pale, but marked by bright red spots at the openings of the vascular channels. The fibula was not broken, nor was there any separation of its lower epiphysis. The wound was washed out with solution of corrosive sublimate and dressed with carbolic gauze and a wood-wool pad, side splints being applied. At the first dressing, six days afterwards, there was no suppuration. At the next dressing, 24 days afterwards, there was a little suppuration, but the wound was quite superficial. At the end of five weeks from the date of admission the patient was discharged with an excellent limb. The movements of the ankle joint were perfect, and there was no measurable shortening. The author appends to his paper a list of those cases which have been recorded which correspond to his own.—*Glasgow Med. Jour.*, Nov. 18, 1886.

H. PERCY DUNN (London).

#### GYNÆCOLOGICAL.

i. The General Principles Involved in the Removal of the Uterine Appendages. Mr. LAWSON TAIT. This paper was in the main an answer to Sir Spencer Wells in the *International Journal of the Medical Sciences*. With most of it L. Tait entirely agreed.

As to the number of cases in which such an operation should be performed at present till more was known of the subject, no definite statements could be made. With regard to the terms spaying and such like which had been applied to such an operation, there was the greatest objection to their use, for they were most offensive and equally misleading. Such operations must be classed according to the pathological condition that preceded their performance. It was obviously unfair to class removal of the uterine appendages for bleeding myoma with the same operation where it was performed for suppuration of the tubes. In these two cases the cause was different, the diffi-

culties of the operation were very different, and the percentage of deaths differed widely as well. He agreed with Sir Spencer Wells that this operation was admissible in certain cases of deformity of the pelvis and in ovarian dysmenorrhœa. He was equally in accord with Wells that it should not be done, as a rule, in cases of madness or so-called menstrual epilepsy. Nor should it be performed on an insane person unless its nature were fully explained to a sane relative.

He pointed out, in conclusion, that whilst such operations should always be preceded by a consultation, that a consultation became a mere farce if one or more of the consultants had made up his mind before hand that all such operations were inadmissible.—*Brit. Med. Jour.*, 1886, Vol. ii, p. 852.

#### SYPHILIS.

I. **Etiology of Gonorrhœal Arthritis.** SMIRNOFF. This Russian observer, by examination of the fluid drawn off from a knee-joint of a patient suffering from gonorrhœal (or as it is better termed urethral) arthritis, was able to confirm the results of a few previous writers—that gonococci are present freely in the affected joints. It is interesting to note that lately, Dr. Mantle, of Newcastle, has brought forward considerable evidence in favor of regarding acute rheumatism as depending on a microbic origin.

There are certain differences between urethral and rheumatic joint affections—in particular, the obstinate resistance to treatment which the former present as a rule, but their points of resemblance and the fact that a large number of the urethral cases have previously suffered from rheumatism or are of the “rheumatic type,” have been pointed out by many observers.

It may be taken as proved (see the article on Bacteriology in the *ANNALS OF SURGERY* for August, 1886, by Dr. Van Arsdale) that gonorrhœa has for its cause the gonococcus as demonstrated by Neisser, Bumm and others. It has also been noticed that occasionally a patient who had recovered for some time from an attack of gonorrhœa, was liable to fresh outbreaks of urethritis (without fresh exposure) following some abuse of stimulants, etc. We must suspect in these